

Case Number:	CM14-0154283		
Date Assigned:	09/23/2014	Date of Injury:	09/12/2009
Decision Date:	11/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 33-year-old female with an injury date of 09/12/09. Based on the 06/03/14 progress report provided by [REDACTED] the patient complains of thoracolumbar tenderness. MRI of the lumbar spine, date unspecified revealed mild disc bulge at L5 - S1 without stenosis. Thoracic spine x-rays revealed mild scoliotic deformity at T4-6. Her medications include Celebrex, Relpax, Neurontin and Tizanidine. Physical therapy notes dated 06/10/14 show that she attended 3 sessions. Functional Restoration report dated 05/27/14 states that patient benefited from physical therapy. Diagnosis 06/03/14- chronic widespread pain disorder- depressive disorder with anxiety and panic attacks- chronic migraines- sleep disorder- mild thoracic scoliosis. The utilization review determination being challenged is dated 08/27/14. The rationale follows: 1) Physical Therapy 8 sessions: "no subjective benefits noted." 2) Neurosurgeon follow up visit: "not medically necessary." [REDACTED] is the requesting provider and he provided treatment reports from 03/04/14 - 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy 8 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient presents with thoracolumbar tenderness. The request is for Physical Therapy 8 sessions. Her diagnosis dated 06/03/14 included chronic widespread pain disorder, mild thoracic scoliosis, chronic migraines, sleep disorder, depressive disorder with anxiety and panic attacks. MRI of the lumbar spine, date unspecified, revealed mild disc bulge at L5 - S1 without stenosis. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The treating physician has not documented reason for the request. It is not known why the patient requires formalized therapy and unable to do home exercises. Based on physical therapy notes dated 06/10/14, the patient attended 3 sessions. Per Functional Restoration report dated 05/27/14, the patient benefited from physical therapy. However, the request would exceed what is allowed by MTUS for the patient's condition, therefore the request is not medically necessary.

Neurosurgeon follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pg. 127, Consultations

Decision rationale: The patient presents with thoracolumbar tenderness. The request is for Neurosurgeon follow up visit. Her diagnosis dated 06/03/14 included chronic widespread pain disorder, mild thoracic scoliosis, chronic migraines, sleep disorder, depressive disorder with anxiety and panic attacks. MRI of the lumbar spine, date unspecified, revealed mild disc bulge at L5 - S1 without stenosis. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." It would appear that the current treating physician feels uncomfortable with the medical issues and has requested for transfer to specialist. Therefore the request is medically necessary.